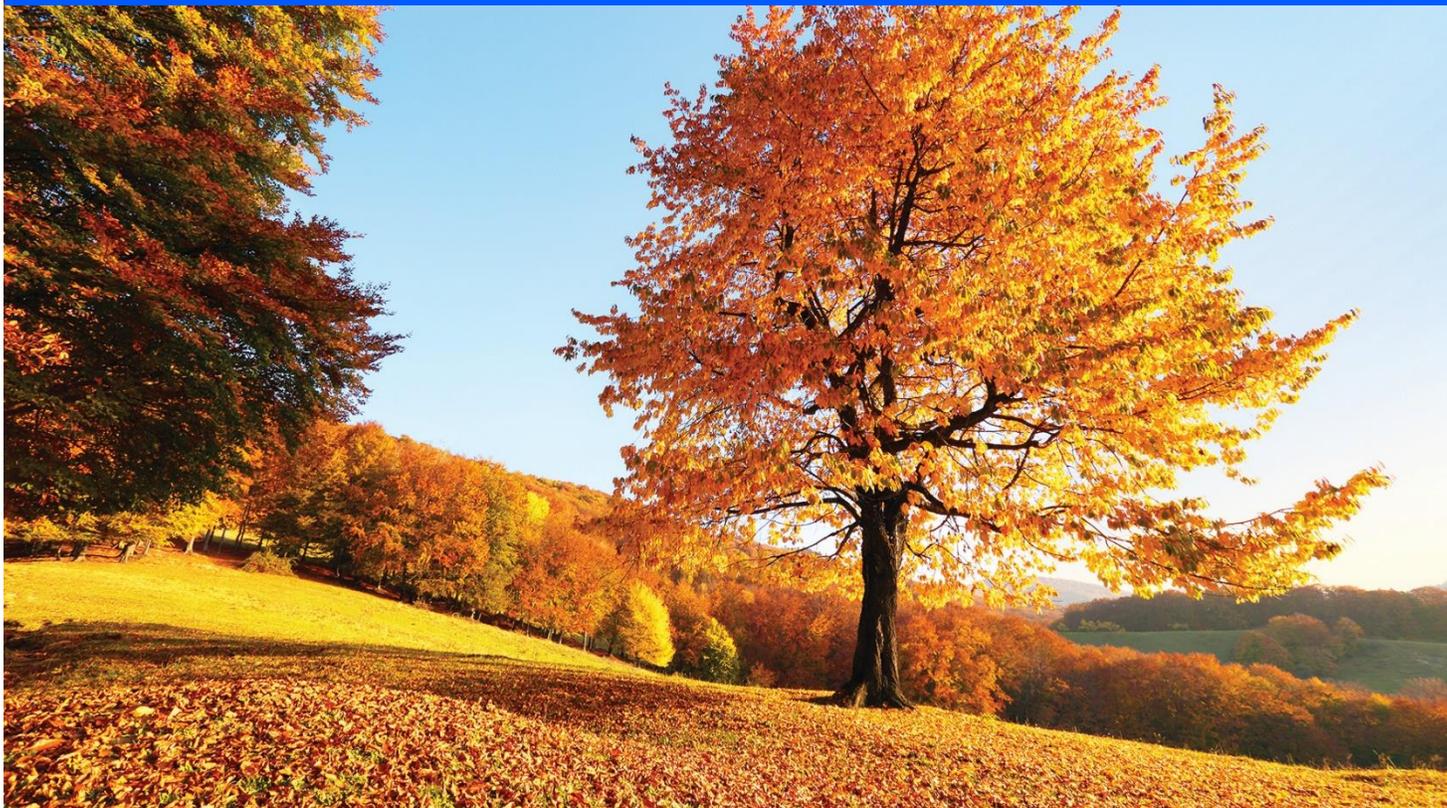


# 2024 Medicare facts



## Medicare and your Nokia coverage

Use this guide to learn more about Medicare and how it works with your Nokia medical and prescription drug coverage.

### For participants in the formerly represented retiree plan design

If you and/or your covered dependent(s) are or will soon become Medicare-eligible, you may have an opportunity to choose and/or change your healthcare coverage.

This guide is intended to provide an overview of the retiree healthcare coverage Nokia offers to eligible participants and their eligible dependent(s), and how it works with Medicare. **It does not guarantee your and/or your dependent's(s') eligibility for such coverage.** To review your and/or your dependent's(s') eligibility for such coverage, please refer to the Your Benefits Resources™ (YBR) website during your enrollment period or to the Medical Expense Plan for Retired Employees Summary Plan Description and related Summaries of Material Modifications on the BenefitAnswers Plus website, anytime.

Reviewing this guide — in addition to the other information you receive from Nokia, the healthcare carriers and the Centers for Medicare & Medicaid Services (CMS) — can help you as you make your healthcare coverage decisions.

# How to use this guide

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**Read the *Medicare & You 2024* handbook first**

The *Medicare & You 2024* handbook is a helpful publication from CMS that summarizes your Medicare benefits and answers the most frequently asked questions about Medicare. The current handbook is mailed to all Medicare households each fall. It is also available on the Medicare website at [www.medicare.gov](http://www.medicare.gov) or by calling Medicare at 1-800-MEDICARE (1-800-633-4227) (TTY 1-877-486-2048), 24 hours a day, seven days a week.

**Note**

In this guide, the “Plan” refers to the Medical Expense Plan for Retired Employees, a component plan of the Nokia Retiree Welfare Benefits Plan.

## Important!

### Make sure you can enroll in Nokia coverage for Medicare-eligible participants

If you (and/or your spouse and/or covered or eligible dependent[s]) are becoming eligible for Medicare and plan to enroll in Nokia retiree healthcare coverage, you (and/or your spouse and/or covered or eligible dependent[s]) must:

- Be enrolled in Medicare Part A **and** Medicare Part B;
- Use correct Medicare information when you enroll in Nokia retiree healthcare coverage;
- Make sure all of your personal information on file with the Nokia Benefits Resource Center matches what is shown on your Medicare ID card; and
- Not elect Medicare coverage offered through a separate, private insurer (not offered through Nokia).

See page 11 for details.

## Getting started

### Get to know your A's, B's, C's and D's of Medicare

Medicare is the U.S. federal government's health insurance program for people who are age 65 or older or who have certain disabilities.

There are four parts to Medicare. Here is a brief summary for your reference:

Feature	Part A	Part B	Part C	Part D
<b>Purpose of coverage</b>	Hospital insurance benefits, such as room and board	Medical benefits, such as doctor and ambulance services	Offers the same services covered under Parts A and B, plus additional preventive care coverage and (sometimes) prescription drug coverage	Prescription drug coverage
<b>Enrollment</b>	Most people are automatically enrolled at age 65 (check with Medicare for your personal situation)	You may become automatically enrolled if you receive Social Security benefits (check with Medicare for your personal situation)	You enroll through a private health insurer or other plan sponsor	You enroll through a private health insurer or other plan sponsor
<b>Premium costs</b>	You pay no premium costs if you are entitled to Medicare and Social Security or Railroad Retirement benefits because you or your spouse paid FICA taxes while you were working (before retirement)	There is a monthly premium cost that may change each year and is generally deducted from your Social Security check, unless otherwise paid for by Medicaid or another third party	There is a monthly premium cost, which may vary depending on the health plan offering coverage and the level of benefits coverage provided	There is a monthly premium cost, which can vary based on your geographic location and the plan you choose
<b>Who administers coverage</b>	CMS	CMS	Private health insurer	Private health insurer

## Understanding Nokia retiree healthcare coverage

**Nokia healthcare coverage includes medical coverage (which includes prescription drug benefits) and dental coverage.** If you enroll in one coverage (e.g., medical or dental), you are automatically enrolled in both coverages.

### What happens when you become Medicare-eligible

You can participate in the Nokia healthcare coverage that is offered to participants **not eligible** for Medicare until the earlier of:

- The end of the month prior to your effective date of Medicare eligibility due to your 65th birthday; or
- The date you become Medicare-eligible for another reason.

**For example:** If you are age 64 and enrolled in the Point of Service (POS) coverage option, and your 65th birthday is on April 15, you can keep the POS coverage until March 31 of that year. (More information about the specific coverage options available to Medicare-eligible participants and Medicare-eligible dependent[s] is on the following pages.)

You will receive a package in the mail from CMS approximately three months prior to your 65th birthday. (Your spouse and/or covered dependent[s] will also receive packages from CMS approximately three months prior to their 65th birthdays.)

The package will contain your Medicare ID card, which notes your Medicare effective date, and information about Medicare Part A and Medicare Part B coverage.

You will also receive a package in the mail prior to your effective date of Medicare eligibility from the Nokia Benefits Resource Center, with information about the specific coverage options available to you and the next steps to take to enroll in or maintain coverage. You can choose to enroll in any of the Nokia healthcare coverage options available to Medicare-eligible participants, or decline (“opt out of”) coverage. To receive benefits from any Nokia medical coverage option for Medicare-eligible participants, you must be enrolled in Medicare Part A and Medicare Part B.

If you are already enrolled in Nokia coverage and become Medicare-eligible during the year, in most cases (if you take no action) you will be automatically transferred into the default medical coverage option for Medicare-eligible participants on your effective date of Medicare eligibility. Review the information you receive from the Nokia Benefits Resource Center to determine if the default coverage is right for you and your covered dependent(s).

To help secure a seamless transition when you or your dependent(s) become Medicare-eligible, it is highly recommended that you call the Nokia Benefits Resource Center to update your Medicare Part A and Medicare Part B effective date.

### What happens if you become Medicare-eligible due to a disability during the year

If you (or your spouse and/or covered dependent[s]) become Medicare-eligible during the year due to a disability, you must notify the Nokia Benefits Resource Center at 1-888-232-4111 (TTY 711) (1-212-444-0994 if you are calling from outside of the United States, Puerto Rico or Canada) at least one month prior to the date of Medicare eligibility. Your notification helps Nokia accurately coordinate your benefits with Medicare.

## When you can change your coverage

Regardless of your Medicare eligibility, you can make changes to your Nokia coverage during the annual open enrollment period (typically held each year in the fall for coverage elections for the upcoming year) or if you and/or your eligible dependent(s) experience a qualified status change during the year (such as marriage, divorce or death).

In addition, you can drop Nokia healthcare coverage for yourself and/or any dependent(s) at any time during the year.

Once you become Medicare-eligible, you can also make certain additional coverage changes at any time during the year. You can:

- Switch from the UnitedHealthcare® Group Medicare Advantage Preferred Provider Organization (PPO) to a Medicare Health Maintenance Organization (HMO) option offered by the Plan;
- Switch from a Medicare HMO option offered by the Plan to the UnitedHealthcare Group Medicare Advantage (PPO); and
- Switch between the Medicare HMO options offered by the Plan.

To make any of the above changes during the year (including dropping healthcare coverage), call the Nokia Benefits Resource Center at 1-888-232-4111 (TTY 711). You should call approximately one month prior to the date you want the change to occur.

**Important:** If you switch between any of the above-mentioned retiree medical plan options during the year, any amounts you have paid toward your prior option's deductible and out-of-pocket maximum (if applicable) will not carry over to your new option. Your deductible and out-of-pocket maximum (if applicable) will start over when your coverage in your new option begins.

Note that CMS approval is required for enrollment in and disenrollment from the UnitedHealthcare Group Medicare Advantage (PPO) and the Medicare HMOs. As a result, all elections and effective dates of coverage are determined by CMS. For more information, see page 11.

## Paying for coverage

You can elect to have your contributions for retiree healthcare coverage, if any, deducted from your monthly pension payment (if applicable) or billed directly to you. You can change your election at any time by contacting the Nokia Benefits Resource Center at 1-888-232-4111 (TTY 711).

### **Where can I find my specific coverage options, plan designs and premium costs?**

The information in this guide summarizes Nokia coverage options. For details, visit the YBR website at <https://digital.alight.com/nokia> to view your 2024 annual open enrollment materials or call the Nokia Benefits Resource Center at any time during the year at 1-888-232-4111 (TTY 711). Representatives are available from 9:00 a.m. to 5:00 p.m., Eastern Time (ET), Monday through Friday.

### **If you drop Nokia retiree healthcare coverage**

If you drop Nokia retiree healthcare coverage during the year, you can re-enroll only during the Nokia annual open enrollment period, or if you experience a qualified status change during the year. (This does not apply to participants in the Family Security Program [FSP]. FSP participants who drop coverage can never re-enroll.)

# Nokia coverage options

## Coverage options for Medicare-eligible participants

### Medical coverage

As a Medicare-eligible participant, your personal Nokia medical coverage options vary based on your geographic location. To receive benefits from any Nokia medical coverage option, you must be enrolled in Medicare Part A and Medicare Part B.

For most Medicare-eligible participants, the Nokia coverage options available are:

- UnitedHealthcare Group Medicare Advantage (PPO); and
- Medicare HMOs (carriers vary by area and may not be available to you).

**Highlights of the differences between these types of medical options include:**

Feature	UnitedHealthcare Group Medicare Advantage (PPO)	Medicare HMO
<b>Networks</b>	You can see any provider (in-network or out-of-network) at the same cost share, as long as the provider accepts the plan and has not opted out of or been excluded or precluded from the Medicare program	HMOs for individuals age 65 or older work similarly to regular HMOs; you must visit in-network providers because care from out-of-network providers is typically not covered
<b>Primary care physician (PCP)</b>	Although recommended, you do not need to select a PCP or receive a referral to see a specialist	You must select a PCP who will provide routine care, refer you to in-network specialists and authorize hospital care
<b>Preventive care services</b>	Generally covered at 100%	Generally covered at 100%

### Prescription drug coverage

You automatically receive prescription drug coverage when you enroll in Nokia medical coverage. You cannot elect prescription drug coverage independently from medical coverage.

If you enroll in:

- **UnitedHealthcare Group Medicare Advantage (PPO) coverage** — You will receive CVS Caremark prescription drug coverage with this medical coverage.
- **Medicare HMO coverage** — You will receive prescription drug coverage through the Medicare HMO carrier. Prescription drug plan designs and requirements vary by Medicare HMO.

### **Other Covered Charges (OCC) coverage — does not apply to the UnitedHealthcare Group Medicare Advantage (PPO) or Medicare HMO options**

If you retired and elected additional OCC coverage prior to becoming Medicare-eligible, please keep in mind:

- If you enroll in the UnitedHealthcare Group Medicare Advantage (PPO) or Medicare HMO options, you will not be charged for OCC coverage, even though you will see the cost for OCC coverage when you enroll; and
- If you reduce or cancel your elected OCC coverage amount, you cannot increase or reinstate it in the future.

# Coverage options for your spouse and/or eligible dependent(s)

## Medical coverage

### If you and your spouse and/or eligible dependent(s) are Medicare-eligible

Your spouse and/or eligible dependent(s) must be enrolled in the same medical option and with the same healthcare carrier you choose for yourself. See page 6 for the medical options and the prescription drug coverage included with each option.

### If you are Medicare-eligible and your spouse and/or covered or eligible dependent(s) are not eligible for Medicare

The medical coverage options for your dependent(s) will vary and may include:

- UnitedHealthcare Point of Service (POS);
- UnitedHealthcare Traditional Indemnity; or
- HMOs (carriers vary by area).

See pages 6, 8 and 9 for more information on the medical options and the prescription drug coverage included with each option.

### If you are not eligible for Medicare, but your spouse and/or covered or eligible dependent(s) are Medicare-eligible

Your spouse and/or covered or eligible dependent(s) are not eligible for the UnitedHealthcare Group Medicare Advantage (PPO). They are eligible for:

- Traditional Indemnity; or
- Medicare HMOs (carriers vary by area).

See pages 6, 8 and 9 for more information on the medical options and the prescription drug coverage included with each option.

**When and how is coverage for your spouse and/or covered or eligible dependent(s) different than yours?**

See the quick reference tables on page 9.

**Highlights of the differences among the medical options that may be available to your covered dependent(s) include:**

Medical option	Networks	Primary care physician (PCP)	Preventive care services
<b>POS</b>	Generally, if you receive care from in-network healthcare providers, you will have lower out-of-pocket expenses than if you use out-of-network healthcare providers	Although recommended, you do not need to select a PCP or receive a referral to see a specialist	Covered in-network after you pay a copayment
<b>Traditional Indemnity</b>	You can see any healthcare provider at the same cost share	Not applicable	Generally not covered
<b>UnitedHealthcare Group Medicare Advantage (PPO)</b>	You can see any provider (in-network or out-of-network) at the same cost share, as long as the provider accepts the plan and has not opted out of or been excluded or precluded from the Medicare program	Although recommended, you do not need to select a PCP or receive a referral to see a specialist	Generally covered at 100%
<b>HMO/Medicare HMO</b>	Care from out-of-network providers is not covered	You must select a PCP who will provide routine care, refer you to in-network specialists and authorize hospital care	Generally covered at 100%

**If the POS option is not available in your area**

The UnitedHealthcare POS option is offered based on where you live. If the UnitedHealthcare POS option is not available in your area but your spouse and/or eligible dependent(s) still wish to enroll in the option during your enrollment period, call the Nokia Benefits Resource Center at 1-888-232-4111 (TTY 711) for more information. Your spouse and/or eligible dependent(s) must not be eligible for Medicare and must be comfortable with the driving distance to the doctors and hospitals that participate in the POS network.

For easy reference...

Here is a quick summary of when and how your and your spouse's and/or covered dependent's(s') coverages may differ:

If you are Medicare-eligible

If you elect the following medical option...	Then coverage for you and your Medicare-eligible dependent(s) will be...	And coverage for your dependent(s) not eligible for Medicare will be...
<b>UnitedHealthcare Group Medicare Advantage (PPO)</b>	UnitedHealthcare Group Medicare Advantage (PPO) and CVS Caremark prescription drug coverage	POS medical and CVS Caremark prescription drug coverage, if the UnitedHealthcare POS is available in your area; otherwise, Traditional Indemnity medical and CVS Caremark prescription drug coverage
<b>Medicare HMO</b>	Medicare HMO, with Medicare HMO prescription drug coverage	HMO, with HMO prescription drug coverage

If you are not eligible for Medicare

If you elect the following medical option...	Then coverage for you and your dependent(s) not eligible for Medicare will be...	And coverage for your Medicare-eligible dependent(s) will be...
<b>POS</b>	POS medical and CVS Caremark prescription drug coverage	Traditional Indemnity medical, with Medicare primary, and CVS Caremark prescription drug coverage
<b>Traditional Indemnity</b>	Traditional Indemnity medical and CVS Caremark prescription drug coverage	
<b>HMO</b>	HMO, with HMO prescription drug coverage	Medicare HMO, with Medicare HMO prescription drug coverage

# Medicare and your Nokia coverage

## Before you enroll in Nokia retiree healthcare coverage

### Simplify your enrollment

If you (and/or your spouse and/or eligible dependent[s]) are becoming Medicare-eligible and plan to enroll in Nokia retiree healthcare coverage for Medicare-eligible participants, there are things you can do to simplify your enrollment and avoid delays and issues with CMS and the enrollment process:

- **Ensure that you and each eligible Medicare-eligible dependent are enrolled in Medicare Part A and Medicare Part B.** Nokia coverages coordinate with Medicare or are CMS-regulated.
- **Use the correct Medicare information when you enroll.** You may be asked to provide your Medicare Part A and Medicare Part B effective date(s) of coverage and your Medicare Beneficiary Identifier (MBI) during the Nokia enrollment process. These are located on your Medicare ID card. Medicare information is assigned to individual members and not family units. If you are enrolling yourself and another Medicare-eligible dependent, be sure you are using the right Medicare information for each person. **Please note:** You must use a street address for enrollment. CMS will not accept a P.O. Box address.
- **Match your personal information on file with the Nokia Benefits Resource Center (some of which is shown on the YBR website at <https://digital.alight.com/nokia> or is available by calling the Nokia Benefits Resource Center at 1-888-232-4111 [TTY 711]) with the information on your Medicare ID card.** Your acceptance into a Medicare HMO or the UnitedHealthcare Group Medicare Advantage (PPO) is subject to CMS approval. Any discrepancies in information could result in a delay in coverage. The specific information that needs to match is your:
  - ✓ Medicare Part A and Medicare Part B effective date(s) of coverage;
  - ✓ Medicare Beneficiary Identifier (MBI);
  - ✓ First name;
  - ✓ Last name;
  - ✓ Social Security Number;
  - ✓ Date of birth;
  - ✓ Gender; and
  - ✓ Address.

### Update your and your eligible dependent's(s') personal information

To avoid delays in receiving coverage, it is critical for you to ensure that both Medicare and the Nokia Benefits Resource Center have the same, correct personal information on file for you and your Medicare-eligible spouse and/or eligible Medicare-eligible dependent(s). Here is how to update your personal information:

To update personal information with:	Where to find it:	How to update it:
<b>Medicare</b>	Your Medicare ID card	To make a change with Medicare, contact the Social Security Administration at 1-800-772-1213 (TTY 1-800-325-0778), from 7:00 a.m. to 7:00 p.m., ET, Monday through Friday
<b>The Nokia Benefits Resource Center</b>	<ul style="list-style-type: none"><li>• Select the profile icon  at the top right of any page on the YBR website</li><li>• Call the Nokia Benefits Resource Center</li></ul>	To make a change with the Nokia Benefits Resource Center, go to <a href="https://digital.alight.com/nokia">https://digital.alight.com/nokia</a> or call the Nokia Benefits Resource Center at 1-888-232-4111 (TTY 711), from 9:00 a.m. to 5:00 p.m., ET, Monday through Friday

## How Medicare works with Nokia retiree medical coverage

To receive benefits from any Nokia medical coverage option for Medicare-eligible participants, you (and your Medicare-eligible spouse and/or Medicare-eligible eligible dependent[s]) must be:

- **Enrolled in Medicare Part A.** In most cases, you are automatically enrolled in Medicare Part A starting the first day of the month of your 65th birthday. (Check with Medicare for your personal situation.) You usually do not pay a monthly premium for Medicare Part A coverage if you paid FICA taxes while working.
- **Enrolled in Medicare Part B.** You may become automatically enrolled in Medicare Part B if you receive Social Security benefits. Otherwise, you must enroll. (Check with Medicare for your personal situation.) **When you become enrolled, you will pay a monthly premium for Medicare Part B coverage.**

**You may also be required to pay an additional premium for the Nokia retiree healthcare coverage you choose.**

### Note

If you are Medicare-eligible because of end-stage renal disease (ESRD), contact the Nokia Benefits Resource Center at 1-888-232-4111 (TTY 711), from 9:00 a.m. to 5:00 p.m., ET, Monday through Friday, and the Social Security Administration at 1-800-772-1213 (TTY 1-800-325-0778), from 7:00 a.m. to 7:00 p.m., ET, Monday through Friday, to determine what you need to do to enroll.

## What happens if you are not enrolled in Medicare Part A and Medicare Part B

If you (and your spouse and/or eligible dependent[s]) are Medicare-eligible and are not enrolled in Medicare Part A and Medicare Part B, CMS will not allow you to be enrolled in the UnitedHealthcare Group Medicare Advantage (PPO) or a Medicare HMO, and you will not receive medical benefits from any Nokia coverage option.

## Medicare Part C options require approval from CMS

The UnitedHealthcare Group Medicare Advantage (PPO) and Medicare HMOs are Medicare Part C options. You must be enrolled in Medicare Part A and Medicare Part B to receive Medicare Part C benefits. You cannot be enrolled in more than one Medicare Part C option. Also, remember that CMS approval is required for enrollment in and disenrollment from the UnitedHealthcare Group Medicare Advantage (PPO) and the Medicare HMOs. As a result, all elections and effective dates of coverage are determined by CMS.

## Other Medicare Part C plans are available

Medicare Advantage Preferred Provider Organization (PPO) and other Medicare Part C plans are also available from private insurers. Enrolling in a Medicare Part C plan other than the Nokia-sponsored Plan does not automatically cancel any Nokia coverages in which you are enrolled. To enroll in a Medicare Part C plan other than the Nokia-sponsored Plan, **you must call the Nokia Benefits Resource Center to disenroll from your Nokia coverage.** If you later disenroll from the other plan, you may be eligible to re-enroll in Nokia coverage if you experience a qualified status change or during the Nokia annual open enrollment period (typically held each year in the fall). For information on other Medicare Part C plans, contact Medicare.

### Avoid a delay in receiving Medicare HMO coverage

If you enroll in a Medicare HMO option, you will receive form(s) in the mail from the Nokia Benefits Resource Center. To help expedite the CMS approval process, complete the form(s) with your personal information, Medicare information and signature, and return them to the Nokia Benefits Resource Center by the deadline stated on the form(s) to avoid any delays in receiving coverage.

## Prescription drug coverage is offered

Medicare-eligible participants and their Medicare-eligible spouses and/or Medicare-eligible covered dependent(s) enrolled in the UnitedHealthcare Group Medicare Advantage (PPO) option automatically receive the same prescription drug coverage as participants not eligible for Medicare. Participants and dependent(s) in a Medicare HMO receive prescription drug coverage directly through that Medicare HMO, and the plan designs vary.

## Medicare Part D plans may be available to you

If you enroll in a Medicare Part D prescription drug plan outside of the Plan:

- Your Nokia prescription drug coverage will no longer pay any portion of your prescription medications — even if the Medicare Part D coverage does not pay for a claim;
- You and/or any dependent(s) who have enrolled in another Medicare Part D plan will need to begin paying premium costs to the new Medicare Part D provider for Medicare Part D coverage;
- Your premium costs, if any, for coverage under the Plan will not be adjusted. Nokia cannot provide varying contribution structures, **so you will continue to pay the same premium costs** as someone who still has prescription drug coverage under the Plan; and
- Nokia prescription drug coverage will continue to cover:
  - Any dependent(s) not eligible for Medicare who are enrolled in the Plan; and
  - Any Medicare-eligible dependent(s) who have not enrolled in another Medicare Part D plan.

### Prescription drug coverage is creditable

For the majority of participants, the Nokia retiree prescription drug coverage is “creditable,” or equal to or better than the Medicare Part D standard prescription drug coverage.

## Additional penalties may apply if you delay enrollment in Medicare Part A and Medicare Part B

The time period when you first become Medicare-eligible is known as your “first entitlement” or “initial enrollment period.” This period is a seven-month enrollment window comprising the three months before the month of your 65th birthday, the month of your 65th birthday and the three months after the month of your 65th birthday. For example, if your birthday is in June, the seven-month window begins in March and continues through September.

If you delay your enrollment in Medicare Part A and Medicare Part B when you first become eligible (which also means you will not receive benefits under Nokia medical coverage for Medicare-eligible participants), you may still be eligible to sign up for Medicare at a later date. However, penalties may apply.

## There are other special enrollment periods

If you remain actively employed beyond age 65 and covered by a medical plan for active employees, you may delay Medicare enrollment without penalty. However, you must elect Medicare within a special enrollment period after termination of employment to avoid late enrollment penalties. Additionally, you may need proof that you were covered under a group plan as an active employee or as the spouse of an active employee in order to avoid a late enrollment penalty.

For more information about Medicare eligibility and/or enrollment, call the Social Security Administration at 1-800-772-1213 (TTY 1-800-325-0778). If Social Security requires evidence of your coverage, call the Nokia Benefits Resource Center at 1-888-232-4111 (TTY 711) and speak with a representative. You can also review the *Medicare & You 2024* handbook, available from CMS, for details about Medicare enrollment and penalties.

### Review Medicare details

Remember, you can find specific information about Medicare coverage, including premium costs and any applicable deductibles, copayments and other costs, by reviewing the *Medicare & You 2024* handbook on the Medicare website at [www.medicare.gov](http://www.medicare.gov). Or, call Medicare at 1-800-MEDICARE (1-800-633-4227) (TTY 1-877-486-2048), 24 hours a day, seven days a week.

## Learn more with these resources

Use this contact list as a quick reference for your retiree benefits resources.

For:	Contact:	
<ul style="list-style-type: none"> <li>• A printed or printable version of the <i>Medicare &amp; You 2024</i> handbook</li> <li>• Assistance in understanding Medicare information, including:               <ul style="list-style-type: none"> <li>– Facts about Medicare Parts A, B, C and D</li> <li>– Details on Medicare HMOs</li> <li>– Dates of the Medicare Annual Election Period (AEP)</li> </ul> </li> </ul>	<b>Medicare</b> <ul style="list-style-type: none"> <li>• 1-800-MEDICARE (1-800-633-4227) (TTY 1-877-486-2048), 24 hours a day, seven days a week</li> <li>• <a href="http://www.medicare.gov">www.medicare.gov</a></li> </ul>	
Updating your personal information (name, address, etc.) on file with Medicare	<b>Social Security Administration</b> <ul style="list-style-type: none"> <li>• 1-800-772-1213 (TTY 1-800-325-0778), from 7:00 a.m. to 7:00 p.m., ET, Monday through Friday</li> </ul>	
<ul style="list-style-type: none"> <li>• Specific questions about your Nokia healthcare coverage options and costs</li> <li>• Questions about how Medicare impacts your Nokia coverage</li> </ul>	<b>Nokia Benefits Resource Center</b> <ul style="list-style-type: none"> <li>• 1-888-232-4111 (TTY 711) (1-212-444-0994 if you are calling from outside of the United States, Puerto Rico or Canada), from 9:00 a.m. to 5:00 p.m., ET, Monday through Friday</li> </ul> <b>Your Benefits Resources (YBR) website</b> <ul style="list-style-type: none"> <li>• <a href="https://digital.alight.com/nokia">https://digital.alight.com/nokia</a></li> </ul>	
General information about Nokia retiree healthcare benefits, including important news and carrier contact information	<b>BenefitAnswers Plus website</b> <ul style="list-style-type: none"> <li>• <a href="http://www.benefitanswersplus.com">www.benefitanswersplus.com</a></li> </ul>	
Specific information about the UnitedHealthcare Group Medicare Advantage (PPO), including: <ul style="list-style-type: none"> <li>• How medical coverage works</li> <li>• Provider details</li> </ul>	<b>UnitedHealthcare Group Medicare Advantage (PPO)</b> <ul style="list-style-type: none"> <li>• 1-888-980-8117 (TTY 711)               <ul style="list-style-type: none"> <li>– During Medicare annual open enrollment (October 15 – December 7): 8:00 a.m. to 8:00 p.m., local time, seven days a week</li> <li>– Outside of Medicare annual open enrollment: 8:00 a.m. to 8:00 p.m., local time, Monday through Friday</li> </ul> </li> <li>• <a href="http://retiree.uhc.com/nokia">retiree.uhc.com/nokia</a></li> </ul>	
Specific information about UnitedHealthcare medical coverage, including how to: <ul style="list-style-type: none"> <li>• Access claims information</li> <li>• Find a provider</li> </ul>	<b>UnitedHealthcare</b> <ul style="list-style-type: none"> <li>• POS: 1-800-577-8539</li> <li>• Traditional Indemnity: 1-800-577-8567</li> <li>• <a href="http://www.myuhc.com">www.myuhc.com</a></li> </ul>	
HMO- and Medicare HMO-specific coverage information	<b>Your HMO or Medicare HMO</b> <ul style="list-style-type: none"> <li>• Contact the Nokia Benefits Resource Center for contact information or, if enrolled, see the back of your HMO or Medicare HMO ID card</li> </ul>	
Specific questions about your Nokia prescription drug coverage	<b>CVS Caremark</b> <ul style="list-style-type: none"> <li>• 1-800-240-9623 24 hours a day, seven days a week</li> <li>• <a href="http://Caremark.com">Caremark.com</a></li> </ul>	<b>Your HMO or Medicare HMO</b> <ul style="list-style-type: none"> <li>• Visit the YBR website or call the Nokia Benefits Resource Center for contact information or, if enrolled, see the back of your HMO or Medicare HMO ID card</li> </ul>
Assistance for former union members (not a representative of the Nokia medical plans)	<b>Brian Sawyer, CWA Staff Representative</b> <ul style="list-style-type: none"> <li>• <a href="mailto:bsawyer@cwa-union.org">bsawyer@cwa-union.org</a></li> <li>• 1-202-434-1301</li> </ul>	<b>Robert Longenecker, IBEW Managed Care Program Coordinator</b> <ul style="list-style-type: none"> <li>• <a href="mailto:rml1949@hotmail.com">rml1949@hotmail.com</a></li> <li>• 1-610-413-9772</li> </ul>

This communication is intended to highlight some of the benefits provided to eligible participants under the Nokia health and welfare plans. More detailed information is provided in the official plan documents. In the event of a conflict between any information contained in this communication and the terms of the plans as reflected in the official plan documents, the official plan documents shall control. The Board of Directors of Nokia of America Corporation (the "Company") (or its delegate[s]) reserves the right to modify, suspend, change or terminate any of the benefit plans at any time, subject to the terms of applicable collective bargaining agreements. Participants should make no assumptions about any possible future changes unless a formal announcement is made by the Company. The Company cannot be bound by statements about the plans made by unauthorized personnel.

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